

Evaluation Briefs

Goals and Objectives

No. 3 | December 2005

Goals and Objectives Checklist

Criteria to assess goals and objectives	Yes	No
GOAL: A broad statement of program purpose that describes the expected long-term effects of a program.		
The goals of a program guide its development.		
1. Is it a declarative statement?		
2. Is it free of jargon?		
3. Is it short?		
4. Is it concise?		
5. Is it easily understood?		
6. Is it stated in positive terms?		
7. Does it provide a framework for the objectives?		
OBJECTIVE: Describes results to be achieved and the manner in which results will be achieved. Well-written objectives help set program priorities and targets for progress and accountability.		
1. Is the objective SMART ?		
■ Specific: Who? (Target Population) and What? (Action/Activity)		
■ Measurable: How much change is expected?		
Achievable: Can be realistically accomplished given current resources and constraints.		
 Realistic: Addresses the scope of the health program and proposes reasonable programmatic steps. 		
■ Time-phased: Provides a timeline indicating when the objective will be met.		
2. Does it relate to a single result?		
3. Is it clearly written?		



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Goals and Objectives Examples

GOALS

Unclear Goal 1: To decrease the incidence of HIV among youth within our area schools by developing the capacity among teachers to deliver a scientifically based curriculum that is of proven effectiveness with young people in reducing their involvement in activities that place them at risk of HIV/AIDS infection.

This is not a good goal because it is too wordy. It can be simplified to:

Improved goal 1: To decrease risk behaviors associated with HIV infection among students within the school district through use of HIV-prevention curricula.

Unclear Goal 2: Increase by 50% the number of schools that address HIV/AIDS infection.

This is not a good goal because it contains measurable outcomes and does not include a description of the expected long-term effects of the program.

Improved goal 2: To increase the capacity of the local school district to reduce students' sexual risk behaviors through classroom instruction.

OBJECTIVES

Non-SMART objective 1: Teachers will be trained on the selected scientifically based HIV-prevention curriculum.

This objective is not SMART because it is not specific, measurable, or time-phased. It can be made SMART by indicating *who* is responsible for training the teachers, *how* many will be trained, *who* they are, and *by when* the trainings will be conducted.

SMART Objective 1: By year two of the project, LEA staff will have trained 75% of health education teachers in the school district on the selected scientifically based HIV-prevention curriculum.

Non-SMART objective 2: 95% of youth participants will demonstrate an increase in assertive communication skills.

This objective is not SMART because it is not specific or time-phased. It can be made SMART by indicating by when and who will have increased assertive communication skills.

SMART Objective 2: By the end of the school year, 95% of youth participants in the HIV-prevention curriculum will increase their assertive communication skills.